

Collaborative Programs Between Montana State Department of Public Health and Human Services and Providence St. Patrick Hospital- March 11, 2016

1. HB 34- Short Term Voluntary Inpatient Crisis Stabilization

Providence Saint Patrick Hospital's Psychiatric Acute Care Services initiated the utilization of MCA 53-21-1206 (14 day diversions) in July 2014. A contract with Montana PHHS Addictive and Mental Disorder was initiated July 1, 2015 for patients who were not funded by other payers. There have been a total of 22 patients engaged with the 14 day diversion with 64% of these patients being diverted from Montana State Hospital. There has only been 1 patient with a 9 day stay billed to Addictive and Mental Disorders Division at a rate of \$875 per day through March 4, 2016.

The summary of the number of patient diversions through St. Patrick Hospital is:

2014: 5 with 1 transfers to the state hospital with a total average length of stay of 10.6 days.

2015: 13 with 5 transfers to the state hospital with a total average length of stay of 9.9 days.

2016: 4 with 2 transfers to the state hospital with a total average length of stay of 12.7 days.

There were a total of 247 petitions for commitments filed in Missoula County in 2015 with 107 actual involuntary commitments or stipulations to Montana State Hospital. Many of these 140 patients were stabilized through St. Patrick Hospital or the crisis houses.

2. HB 130 Missoula County Professional Services Agreement provides \$54,080 toward the salary and benefits for one Licensed Clinical Social Worker for the St. Patrick Hospital's Urgent Mental Health Clinic. The goal of this clinic is to provide an alternative rapid response for people needing psychiatric assessment and treatment. The clinic is staffed with two Psychiatric Mental Health Nurse Practitioners and two Licensed Clinical Social Workers.

The summary of this project during 2015 includes:

- A total of 481 new patients were provided with services.
- A total of 4427 clinical services provided including assessments, psychiatric evaluations, medication management, and therapy.
- There were no reported direct admissions to Montana State Hospital for any of the clients while they were receiving services from the Urgent Mental Health Clinic.
- There were no reported arrests for any of the clients while they were receiving services from the Urgent Mental Health Clinic.

3. Youth Crisis Diversion Project which has a goal of preventing negative outcomes for children and families experiencing a crisis, preventing acute care hospitalizations, reducing the days of acute care hospitalizations, reducing the need for residential treatment, and establishing a plan for long term stability of any psychiatric or other problems.

Providence St. Patrick hospital provides the evaluation coordination (\$800 per month) and facilitation for crisis resolution (\$66 per hour):

- During the first 2 years of the project there were a total of 76 children served.
- From November 11, 2015 to February 29, 2016 there have been 27 children served through the current Youth Crisis Diversion Project.

The following is some of the standards of care for Inpatient Psychiatric Services:

- Initial admission orders by a psychiatrist which include treatment, medication management, diagnostic testing, precautions, and medical interventions
- Initial nursing assessment and crisis intervention by psychiatric nursing staff
- Medical screening prior to admission
- Comprehensive psychiatric evaluation completed by a psychiatrist within 24 hours
- Comprehensive History and Physical by medical providers within 24 hours involving lab and other diagnostic testing and medical interventions, as indicated
- Psychosocial Assessment within 24 hours of admission
- Occupational Therapy Assessment for all patients which include functional and other assessments when indicated
- Initiation of a comprehensive treatment planning and discharge planning process within 24 hours
- Collection of collateral information from other providers within 24 hours
- Additional medical and psychological testing including labs, EKG, EEG, diagnostic imaging, psychological testing, etc. as indicated by the patient's symptoms
- Consultation by internal medicine, neurology, and other specialists
- Involvement in an active individualized treatment program based on the initial psychiatric, H&P and other evaluations including:
 - Safety planning and monitoring
 - Individual and group therapy on a daily basis, when needed and appropriate
 - Couples and family therapy as needed
 - Milieu therapy with a structured therapeutic community
 - Daily Occupational and Activity Therapy
 - Multiple daily Psycho-educational groups focused on various skill building opportunities including coping skills, stress management, problem solving, recreational skills, suicide prevention, safety planning, recovery planning, and health management.
 - Medication education groups at least 5 times per week.
 - Smoking cessation interventions and educational endeavors
 - Exercise groups and opportunities
 - Nutritional evaluations and dietary interventions
 - Recreational and Diversional Activities
 - 24 hour staffing including psychiatric nurses, psychiatric technicians, security officers, and an on-call psychiatrist
- Daily treatment team meetings lead by the attending psychiatrist which include social work, nursing, other medical providers, and other members of the treatment team
- Locked facility with an Environment of Care design to provide safety
- A formalized Crisis Intervention process and staff who are all required to have annual training through the Crisis Intervention Institute in Non-Violent Crisis Intervention Techniques which involves verbal, non-verbal and as a last resort physical intervention
- Medication administration and on-going assessment of effects of medication by psychiatric nurses, as ordered by psychiatrists, which include both scheduled and PDR medication administration